

**REQUEST FOR MEDIATION**

DR 106 (Rev. 06/03) Computer Generated

Mediation is a voluntary, confidential method of resolving disputes between you and the Department of Rehabilitation. A qualified, impartial mediator can help find solutions that are mutually satisfactory, at no cost to you. If the Department agrees to mediate, a mediation will be held within 25 calendar days from receipt of your request, unless you agree to a later date.

If you need a representative to assist you, the Client Assistance Program can be reached toll free at 800-952-5544 (voice) or 866-712-1085 (TTY).

Name			Social Security Number		Rehabilitation Office	
Telephone Number		Fax Number		E-mail Address		
Residence Address			Mailing Address, If Different			
City	State	Zip Code	City	State	Zip Code	

I hereby request mediation of this matter with a qualified, impartial mediator.

Note: If mediation is requested, a copy of this form shall be submitted to the Mediation Coordinator. By requesting mediation and signing this form, you are consenting to the release of the information on this form and the sharing of information about your case with the Mediation Coordinator and assigned mediator(s).

I will need the following accommodations (including interpreters or alternate formats) at the mediation:

What is the reason for your request for mediation and why do you think the Department's decision or action should be changed?

What action do you wish to have taken?

Signature 	Date Signed
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Fax to: (916) 739-7199 - Attention: Department of Rehabilitation Mediation Coordinator  
OR

Mail to: Department of Rehabilitation Mediation Coordinator  
Institute of Administrative Justice, McGeorge School of Law  
3200 Fifth Avenue, Sacramento, CA 95817 (916) 739-7049 (voice)